Region 10 Conference 2014
Bridging Nursing Leadership & Research: 
What Will the Future Hold?

Conference focus – Evidence Based Practice & Informatics

April 25 & 26, 2014
Kensington Court - Ann Arbor, Michigan
Session A: Graduate Student Oral Presentations
(Attendees will gain insight into graduate students’ development through the research process)

A1: “Learning by Doing”: Graduate Nursing Students and the Science of Quality Improvement

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In graduate nursing programs in both the United States and Canada there has been a lack of education on quality improvement. According to Quality and Safety Education for Nurses (QSEN), both theoretical and experiential knowledge in quality improvement is essential to a graduate prepared nurse. A novel method of teaching quality improvement was initiated at the University of Windsor in fall 2013 over the course of 12 weeks in a graduate leadership course. Through weekly seminars as well as a variety of web based learning modules from the Institute for Healthcare Improvement, students were mentored in the process of quality improvement. This presentation will share our experience as graduate nursing students completing our first quality improvement project in partnership with local community hospitals and discuss the facilitators and barriers to the process. Issues arose, partnerships were formed, and the political arena came to light. Three quality improvement reports, focused on nursing practice, were finalized and submitted to the hospitals for implementation. Although this experiential experience was an effective method in teaching quality improvement to graduate nursing students, it was not without challenges. Recommendations, from the students’ perspective, will be provided to guide nurse administrators and educators on how they can support the development of these essential competencies in graduate prepared nurses.
A2: Experiential Research: Assessing Narrative Inquiry Based Nursing Education Curriculum Through the Reflective Journey of Program Students and Faculty

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Background: Offering flexible and innovative options for educating students to be nurses is the way of the future. “Nursing is ranked as one of the most promising careers in the coming decades and most schools are oversubscribed. We need innovation when it comes to overcoming the challenges in our health system and recognize that educational institutions are part of the solution to meeting the demand for health services” (CASN, 2008). This program is first in Ontario to offer a concentrated program which is student learner driven to learning modality in achieving program objectives.

Methodology: Research of programs based in narrative inquiry and cognitive apprentice pedagogies reveal many evaluative data sets from student co-learners, faculty, stakeholders and administrative perspectives. This presentation will share our evaluation plan and introduce a formal descriptive research study which explores the experience of students and faculty in our unique curriculum.

Findings: Both formative and summative data sets will be shared that cumulate with our inaugural cohort graduate licensing exam scores aligned with provincial average of 80%. Additionally, over 90% of new graduates secured full-time employment within agency and unit of choice.

Implications: Our goal is to offer a meaningful contribution to the literature in understanding unique curriculum models by study of student experiences in post-secondary nursing programs. Findings can contribute to the knowledge base of educators and adult learners in experiential learning and the use of narrative in professional learning. Findings of this program are of interest to stakeholders in second degree programs to facilitating employment.
Session B: Women’s Health Issues
(Attendees will be able to identify some important factors influencing women’s health)

B1: Time of Adoption of Health-Promoting Behaviors Upon Pregnancy Recognition Among Low-income Women

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Introduction: Maternal preconception and prenatal behaviors are associated with fetal development and birth outcomes. The timing of adoption of health-promoting behaviors during pregnancy such as cessation or reduction of smoking and/or alcohol consumption have been associated with adverse outcomes in newborns. This study examined the time when women adopt health-promoting behaviors after pregnancy recognition, the types of behaviors adopted, the duration for which these behaviors were maintained, and the factors that influenced when women adopted these behaviors.

Methods: Qualitative study with six focus group discussions were held in three urban low-income neighborhoods with racially diverse populations; Caucasian, African American, Hispanics and a cohort of Native Americans. There were forty-one women of childbearing age who were pregnant or had experienced a pregnancy during the last three years before the study. The sessions were tape-recorded, transcribed, and coded. The transcripts were analyzed using the NVIVO software. The health promotion model was used as a guide in the presentation of the results.

Results: Women adopted health-promoting behaviors when pregnancy was suspected or confirmed. The main changes included: initiation of prenatal care, change in nutrition and eating habits, reduction or cessation of smoking and drinking, and use of multivitamins. Women’s timing of adoption of health-promoting behaviors were influenced by mother’s pregnancy planning status, pre-existing medical conditions, prior pregnancy experiences, the desire to have healthy babies, and side effects of vitamin use. Mothers’ interpersonal relationships, namely family members and partners, also influenced mother’s prenatal behaviors.

Discussion: The adoption of health-promoting behaviors or cessation of unhealthy behaviors at the time of suspicion of pregnancy or after confirmation of pregnancy provides a significant point of intervention for promoting healthy behaviors in early pregnancy among women of childbearing age.
B2: The Application of Rebonding of the Body to a Women’s Substance Abuse Program

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Many survivors of trauma use drugs or alcohol to cope with their pain, therefore many persons in substance abuse treatment have a history of trauma (Najavits, Weiss, & Shaw, 1997). Rates of PTSD among clients in treatment for substance use disorder range from 11 percent to 59 percent (Najavits et al., 2003; Najavits et al., 1997). The health effects associated with these two conditions can be difficult including increased medical and mental health disorders, associated life problems, vulnerability to further trauma, and difficulties engaging in treatment and continued relapse (Najavits, Gastfriend et al., 1998; Najavits et al., 1997; P. Ouimette & Brown, 2002).

Concerns that addressing trauma or PTSD during substance abuse treatment would increase substance use do not appear to be borne out. Recent studies (Najavits, 2002; Miller & Guidry, 2001; Harris, 1998; & Clark, Giard, & Becker, 2003) show a decrease in relapse rate. Despite this information many centers have not integrated trauma care into their regimen.

Rebonding of the Body is a technique that could fit within the traditional 28-day cycle of most treatment centers. It works on the assumption that in order to survive certain traumas people have to disassociate. It is a structured multimodality technique that works to reintegrate survivors to their disassociated parts. This technique will be described in detail with accompanying client artwork.
B3: “It’s a Mindset”: Uprootedness of Women Temporary Agricultural Workers in Canada

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Helene Berman, RN, PhD
Marilyn Ford-Gilboe, RN, PhD, FAAN
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Global migration for work is increasing and there is limited evidence regarding the health of women temporary workers in Canada, particularly related to how women make sense of their lives within the structural constraints and opportunities of their employment. The purpose of this critical ethnography was to discover women temporary agricultural workers’ experiences of health in the contexts of lengthy and recurring uprootedness from their homes and families, and intersecting gendered, global, political, and economic systems. Methods included participant-observation fieldwork and semi-structured interviews with 20 women, whose countries of origin included Mexico, the Philippines and Jamaica. Analysis was an iterative progression to identify and describe themes, relationships and power relations through participants’ representations of their lives.

Participants recognized the injustices of having to leave home in order to support their families and in the working conditions they encountered, yet strongly considered their employment in Canada as a necessary maternal responsibility and caring “sacrifice”. They described uncertainty about initially not knowing what their work and living arrangements would entail, and the necessity of maintaining a “mindset” to adjust to prolonged separation from their children. Women promoted their health through the use of technology to stay connected with their families, recreational and religious activities, and for some, overt resistance.

Explicit acknowledgement is needed that the strengths, resiliencies and barriers to health experienced by migrant farmworker women are embedded within gendered and intersecting inequities at regional, national and global levels in order to inform nursing practice, policy development and further research.
What is the Longitudinal Change in Physical Performance and Quality of Life Among a Select Group of Older Women?

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Positive associations among physical performance (PP) and measures of quality of life (QOL) exist among the elderly. Yet it is less clear if this association is maintained longitudinally, or is predictive. Purpose of this study was to determine the longitudinal (10 years) association between specific components of physical function and quality of life (QOL) among a select group of older women. Homogeneity of the group offered natural control of confounding lifestyle variables.

The epidemiological web of causation was the framework that guided the study. A secondary analysis using the database of the epidemiological longitudinal study of Health Status and Behaviors of a Midwestern Community of Religious Sisters was conducted. Participants who had a minimum of 2 years of data over the 10 year time period for the variable related to PP (Short Physical Performance Battery (SPPB)) and QOL (SF-36) were included. A subgroup of 147 participants (mean age 71.08 years) who participated at least twice in the data collection years were subjects of the study.

The only significant change over time detected in SPPB was tandem stance. Significant change in SF-36 was detected in 5 of the 8 subscales: physical function, bodily pain, general health, social functioning and role emotional. Logistic regression indicated that 20% (p < 0.001) of the variance in perception of physical function was explained by the change in tandem stance time. Findings suggest further research on the longitudinal changes in tandem stance and QOL is warranted.
Session C: The Experience of Palliative Care
(Attendees will gain a deeper appreciation of the lived experience and art of palliative care)

C1: The Lived Experience of Hope at the End of Life Among Veterans

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The purpose of this research study was to examine the meaning of hope at the end of life among Veterans. As people enter the terminal phase of life hope becomes especially important. Recent research has been conducted examining hope among various cultural groups and their experiences of the phenomenon. These studies showed that although hope is a universal phenomenon, different cultural groups ascribe different meanings to it. These cultural variations are important for nurses to consider when caring for patients.

Research conducted among Veterans has shown that as a cultural group, Veterans have different experiences and needs throughout their lives than do their non-veteran peers. Yet little is known about their lived experiences at the end of life. While a small amount of research has been conducted with this cultural group at the end of life, no studies could be found in which Veterans were able to express perceptions of hope at the final stage of life.

This study used a phenomenological research design to examine hope at the end of life among Veterans. The researcher interviewed 7 Veterans receiving hospice care through a home health hospice agency. The researcher used Giorgi’s procedural modification for descriptive phenomenology to analyze the data.

The findings from this study showed three major themes. They were the 1) Nature of Veterans’ Hopes, 2) Targets of Veterans’ Hopes and 3) Shared Values of the Veterans.

All of these findings suggest that while many of the ways Veterans experience hope at the end of life is typical of persons with terminal illness, there are some themes unique to this cultural group. The findings from these studies could be helpful to nurses caring for Veterans at the end of life.
C2: A Technology-Enhanced Palliative Home Care Model: Perspectives of Healthcare Providers and Caregivers

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Background: Amid growing concerns regarding the shortage of registered nurses to provide home care, decision-makers in one region of Ontario implemented a pilot model of care that uses technology to enhance home care service delivery to palliative care older adults who wish to die at home. The eShift model of home care utilizes specially trained personal support workers (unregulated healthcare workers) within the home setting but linked via technology to registered nurses situated remotely.

Methods: The aim of this descriptive-exploratory pilot study was to understand the experiences of healthcare providers and family members with the eShift model of home care. Interviews were conducted with 10 health care providers (e.g. care coordinators, physicians, nurses, personal support worker) and eight family members. Interviews were recorded, transcribed verbatim, and an iterative and inductive analysis of transcripts was conducted.

Results: Findings suggest that family members were highly satisfied with the care provided; the technology-enhanced model of care enabled consistency and continuity of care; there was perceived enhanced teamwork among health care providers; and healthcare providers viewed the technology provider (software engineer) as a key member of the interprofessional health care team.

Conclusions: Novel models of healthcare delivery, particularly those that involve innovative and efficient use of health human resources and health information technology may enhance care delivery and transform interprofessional care teams.
C3: The Use of Digital Storytelling in Nursing Education

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Storytelling is a compelling medium to capture and share both cognitive and affective knowledge. The storytellers’ ability to make and share narratives can be strengthened by the use of digital technology. This descriptive, pilot study investigated the impact of using digital stories in promoting deeper understanding of palliative care knowledge and attitudes in nursing students. Senior undergraduate nursing students (n=138) enrolled in a complex care course created a 5-minute reflective, narrated digital story that synthesized and applied their cognitive and affective knowledge about palliative care concepts that had been learned in class. Creativity using multimedia was encouraged. The students then shared their digital stories within a small peer group using online Voice Thread technology. Recorded verbal peer feedback also occurred within Voice Thread. Evaluation included pre/post knowledge/attitude surveys and student focus group feedback on the overall digital storytelling process. Data revealed that through the writing and sharing of digital stories, students embraced the "personal" nature of palliative care. Though pre/post cognitive knowledge scores did not change significantly, increased depth of understanding from the affective domain was evident from the “rich” digital stories and the post survey and focus group data. The student stories were powerful in emotional understanding about the lived experiences of people in their journeys with advanced illness and dying. Refinement is needed in using the digital storytelling process, in scaffolding the connections between personal stories and course content, and in measuring depth of affective, non-cognitive learning.
C4: Can You Teach Death and Dying in a Classroom? Experiencing Loss in Simulation, a Meaningful way to Incorporate Palliative and End of Life Competencies into the Curriculum

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The Canadian Association of Schools of Nursing developed Palliative and End-of-life Competencies which were disseminated in 2012. Determining how to best incorporate competencies into a curriculum can be a challenge. As educators, it is not possible to expose every student to every clinical situation. Nursing graduates enter their professions often without ever having seen, much less obtained experience with, such high-stakes situations such as working with a patient who is living with or dying from a progressive life-threatening illness. But can experiencing death and dying be learned in a classroom setting?

One solution is to use a simulated learning environment to allow students to experience loss in a safe setting with opportunities to debrief. By complementing our traditional teaching with simulation, we, as educators, are addressing our need to do more with less. In making simulation real, we can deliver our teaching in an engaging yet effective manner, in so doing transform nursing education through a simulation-based pedagogy.

This presentation will describe the pedagogical approach and include feedback from fourth year nursing students involved in the end-of-life scenario. Suggestions and recommendations for how such a simulated learning environment could be replicated in other institutions will be shared. This will include assisting students in learning how to approach patients and their family members with respect and dignity during this time. As well as collaborating with other members of the healthcare team to delivery safe quality care in an emotionally charge scenario.
Session D: The Experience of Nursing Leadership
(Attendees will gain a broader understanding of the challenges and opportunities within nursing leadership)

D1: Bridging the Gap Between DNP Education and Practice - A Statewide Initiative

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Nursing has joined the other health professions in offering a professional doctorate degree, the Doctor of Nursing Practice (DNP) in response to the increasing complexities of healthcare and the growing demand for qualified healthcare professionals. The practice doctorate in nursing differs from the PhD, or research doctorate in nursing, in that the DNP is grounded in practice, utilizing advanced nursing knowledge and evidence-based practice to realize improved healthcare outcomes.

Education of the practice doctorate or DNP requires a scholarly approach to the discipline utilizing interprofessional collaboration and leadership skills within an organization to address and solve complex health problems, utilizing health information technology. Practical application of evidence-based knowledge requires an immersion experience within an organization to develop the advanced competencies of the DNP.

To foster the growing collaboration between healthcare organizations and academia, an innovative, collaborative, statewide initiative was implemented in June, 2013 in Michigan. Participants from all nine DNP university programs that prepare practice doctorates and their practice partners, together with practicing DNP prepared nurses were invited to a Roundtable of Distinction.

Michigan leaders in doctoral education have demonstrated how academia and practice can come together to advance the profession of nursing. The Roundtable of Distinction is a model to initiate the critical conversations between nursing education and practice to best prepare nurses with Doctor of Nursing Practice degree to meet the complex healthcare needs facing healthcare organizations today.
D2: Exploring Self-Perceived Stress and Stress Management in Managerial and Non-Managerial Nurses

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Problem Background: Stress is a contributor to high nurse turnover in organizations and the desire of nurses to leave the nursing profession. Few research articles dedicated to improving nurses’ self-perceived stress, as a means of reducing stress, exist.

Purpose and Theoretical Rationale: The relationship between managerial and non-managerial nurses’ self-perceived stress and stress management education was investigated. According to Roy & Andrews (1999), humans are biological, psychological, and sociological beings that interact with the environment. Self-perception guides individual responses to the environment (Matta, 2012).

Method: A quantitative method was used to investigate the relationship between nurses’ self-perceptions of stress and stress management education. Using a non-random convenience sampling method, the researcher recruited 109 participants, 41 Licensed Practical Nurses and 68 Registered Nurses, for this quasi-experimental non-experimental group designed study (NEGD). Cohen’s Perceived Stress Scale (PSS) was used to measure self-perceived stress.

Results: According to PSS scores, nurses have a moderately high self-perceived level of stress. Mean scores of participants suggested that nurses who participated in the study reported decreased perceived stress scores. The experimental group reported a significant decrease in self-perceived stress after the intervention.

Conclusion: Stress management education can lead to decreased self-perceived stress in nurses. Organizations that add stress management to their workplace wellness plans can positively impact the self-perception of the nurses they employ. Further research needs to be conducted across all disciplines of nursing.
D3: The Lived Experience of the Novice Nursing Dean: Exploring the Meaning and Significance

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Background/Significance: Deans of nursing hold a unique position for the future of the profession. Few others have the potential to bring about change within the academic setting, or hold such a strong influence on the future of nursing and on our students. Current statistics reveal multiple vacancies in nursing dean positions. Further understanding of how nursing deans begin their role, attain their identity as dean, and successfully execute this important position is needed to recruit and retain strong leaders that support the advancement of the nursing profession. Understanding the process of becoming nursing dean can advance knowledge development in the profession as it applies to retention and recruitment of nurse administrators.

Purpose: The purpose of this phenomenological study was to describe the essence of the lived experience for those who have recently advanced to academic dean of nursing. The overarching research question was: What is the lived experience of a novice nursing dean?

Methods: The sample included deans that are Registered Nurses, have the title of Dean, have not been in a dean role previously, and have been appointed in their first dean position three years or less. The interviews were transcribed and manual coding was performed on the data to create categories or themes that reflected the data.

Results: The results yielded four major themes and 16 subthemes. The overarching themes of sacrifice, lack of preparation for the role, the uniqueness of the nursing dean role, and highly political environments inform what a nursing dean experiences within the first three years of their role.
D4: *Analysis of Six Principles of Community and Relationship to Crime Rate*

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The college and university are structured communities where learning, discovery and use of knowledge are the core mission. Crime within these institutions of higher education is of concern. Knowledge of this community as perceived by community members helped to define the nature of the environment and enable examination of phenomena within the community.

This study examined the college and university community using a new survey instrument developed for this project, the *Measurement of Six Principles of Community* (MSPC). The MSPC is a 41-item self-administered instrument based on Boyer’s 1990 work *Campus life: In search of community*. This instrument allowed three executive level administrators from the 163 comprehensive doctoral granting institutions with and without medical or veterinarian programs as classified by Carnegie Classification of Institutions of Higher Education to rate their community based on the six principles of community and items regarding safety. Three research questions guided this study, what are the perceptions of the three administrative members as to the level of integration of the six principles of community within their university community, are there differences between the three member’s perceptions, and is the perceived community related to crime rate within the community. Analysis noted no significant connection between the community and crime rate. This research led to the development of a new survey instrument and the presentation of a model of community that made possible research of the dynamic higher education environment in relation to phenomenon within the environment.
**Session E: Promoting Nursing Practice**  
(Attendees will gain clinical knowledge for application to nursing practice)

**E1: Body Image and Weight as Assessed by BMI**

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*The problem:* One influence to weight management appears to be body image. Yet, studies indicate that often high school students have misperceptions regarding their weight, from underweight to obese. Children are developing perceptions of their body and want to be thinner than they are, regardless of their actual body size. Negative body image is associated with depression, eating issues, and physical activity issues. King’s nursing theoretical framework was used to guide the study.

*The purpose:* The purpose of the study is to understand the relationship between body image compared to BMI.

*Methods:* Convenience sampling was used with recruitment of subjects at both the local health department and the College of Nursing. After informed consent, subjects were asked to indicate perceptions of their body using Collier’s Body Perception Scale. Once the questionnaire was complete, the participant was weighed and height obtained. Then BMI and percentage of body fat was analyzed using the Bod-eComm2 A/ZL analyzer by Futrex.

*Findings:* Of the 127 adults participating, 76% desired their body to be smaller than it is with 24% of these having a BMI considered by the CDC to be within the normal range.

*Implications for nursing:* With the current emphasis on weight management, understanding body image can assist in appropriate recommendations for weight management activities.
Obesity is a leading health epidemic in the United States. Along with diet and exercise, one recommendation is that individuals consume water as part of a weight management program. While studies suggest that increasing daily amounts of water intake facilitate weight loss and weight maintenance with the added benefit of increasing metabolism, many individuals appear to consume small amounts of water within a day.

The purpose of the overall study is to understand factors that affect weight management. This presentation focuses on percentage of body water in relation to BMI. A descriptive study was performed with 142 subjects agreeing to participate once informed consent was obtained. Approximately 83% of respondents were females. After completion of a questionnaire, a body composition analysis was obtained using the Bod-eComm2 A/ZL analyzer by Futrex.

The study revealed an inverse relationship between percentage of body water and BMI ($r = -0.421$, $p = 0.000$), demonstrating that with an increased BMI there was a lower percentage of body water. The lack of water intake by respondents varied across all BMI categories which suggests lack of education on the effects water has on weight management and overall health.

Nurses are in an ideal position to promote patient education. Patient education should focus on the positive aspects of water consumption.
E3: Application of Pender’s Health Promotion Model: Linking Stress and Quality of Life in Obese Children

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Obesity is an epidemic that continues to grow, affecting nearly 12.7 million children in the United States. Childhood obesity negatively affects psychosocial aspect of a child’s life, including poor relationships with peers, stigmatization, isolation, bullying, and low academic performance. It has an adverse effect on self-esteem, self-image, and self-concept. Social stigma related to obesity can be detrimental to childhood development and can further add to psychological stress. Moreover, obesity related stress can affect mental well-being. The overall physical and mental well-being of a child can significantly contribute toward quality of life. Previous research has determined a relationship between obesity and its related stress; other studies have established the effects of obesity on quality of life of children. However, there is lack of knowledge related to how stress directly affects quality of life in obese children. Nurses need to understand the relationship between stress and quality of life in this population to provide effective quality care. Furthermore an understanding of the link between stress and quality of life will enable care beyond just the illness-related stress and incorporate a health promotion strategy that makes a difference in the lives of obese children. The purpose of this presentation is to discuss a nursing framework based on Nola Pender’s Health Promotion Model that incorporates the relationship between stress and quality of life. This framework has the potential to provide a theoretical model for future studies exploring how stress and quality of life concepts can play a role in health promotion strategies.
This is a case study of a 76 year old male patient who underwent a carotid endarterectomy (CEA) for carotid artery stenosis. He developed a rare but serious complication related to Reperfusion Syndrome (RPS). RPS resulted in hemiplegia, depression, and severe functional impairments. This complication significantly impacted the life of not only the patient, but all family members as it disrupted their daily lives. Although there is little known about the exact causes of RPS, it is believed the release of carbon dioxide, nitric oxide, and free radicals play a key role in damaging cerebral capillaries, causing endothelial dysfunction. With restoration of blood flow to a previously ischemic area, the rapid and sudden increase in bloodflow to a structurally damaged vasculature leads to the potential for hemorrhage. Thus it is imperative for the peri-operative nurses to be aware of this potential complication after CEA. Perioperative nurses need to perform accurate and thorough pre- and post-operative assessments. Medications need to be administered cautiously to maintain adequate blood flow and pressure; some medications need to be completely avoided to limit the potential for cerebral hemorrhage. Early detection of RPS is essential to achieve the best possible outcomes and prognosis for the patient. The purpose of this presentation is to highlight the importance of this rare but devastating complication using a case based approach. Past medical history, indications for surgery, impact on the patient and family, and peri-operative nursing management will be discussed.
Session F: Evidence for Policy Change
(Attendees will be able to describe how models and systems changes are linked to outcomes)

F1: Nursing Practice and the Flow of Information: An Observation of Kardex Use

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Karen J. Vander Laan, PhD, MSN, RN
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Spectrum Health Nursing Practice & Development
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Information flow between clinicians—particularly during handoff report—is critical to an organization focusing on safety culture transformation. The Kardex is a tool primarily utilized by bedside nursing staff to communicate pertinent patient-specific information, direct nursing care based on physician orders, facilitate nurse-to-nurse communication, and track patient significant events. This descriptive, comparative study observed how nurses receive and give information during handoff reports, identifying when (if) the Kardex was used and mapping how patient information travels. Subjects included 10 staff nurses from two health system hospitals. Pre- and post-implementation of an electronic Kardex, researchers conducted two 3-4 hour observations of each nurse at the beginning or end of a shift. These observations produced 1349 report statements related to 71 patients. Using triangulation, the report statements were first coded for themes, then compared to the Kardex to identify duplications or discrepancies. Information related to nurse-sensitive indicators was noted. The content of handoff report included demographics; medical history; vital signs and assessment; medications and labs; orders and other patient care instructions. Significantly more of the report content was duplicated in the electronic Kardex than the paper Kardex ($\chi^2(1) = 38.4, \ p < 0.001$). There was no difference in the amount of report that addressed nurse-sensitive indicators ($\chi^2(1) = 0.309, \ p = 0.578$). Although the paper Kardex consistently contained data, it only sporadically recorded information, knowledge, and the results of nursing wisdom. The transition from paper to electronic Kardex has seemed to better facilitate use of the entire informatics continuum in nursing practice.
The number of reported disasters has increased worldwide. Persons with special needs (e.g., chronic illness) have additional complexities to consider when preparing for a potential disaster. They may require planning to address needs such as increased risk of poor health outcomes and difficulty with access to medications and/or health records. Research suggests that preplanning leads to improved health outcomes during a disaster event. Individuals frequently access and trust content available from online sources, including information about disaster preparedness. However, there are concerns about inaccuracy and inconsistency of online content. This descriptive qualitative study used the Health Literacy Skills Framework (HLSF) as a guide to examine information related to disaster evacuation that persons with special needs may access via YouTube. A keyword search with the terms “disaster preparedness” and “evacuation” produced 929 preliminary clips. A collaborative study team of nurses and a librarian performed a content analysis on a sample of 51 YouTube clips with information about disaster preparedness. Examples of clips excluded were those not in English and public service announcements under one minute in length. The HLSF oral literacy demand model guided analysis, incorporating message characteristics of communication channel, message content, and message source. Content analysis revealed themes related to quality and region. Findings also suggested concerns about erroneous information and negligible content about how one might manage a special need during evacuation, and minimal evidence of diversity. Implications for practice include education to evaluate online content and measures to increase information access and credibility.
Many children, at risk for lead exposure, are never identified. Lead exposure is correlated with intelligence scoring, school performance, socially disruptive behaviors, and juvenile delinquency. According to the revised CDC level of 5 mcg/dl, children are negatively affected even at low blood lead levels (BLLs). Toledo, Ohio has the second highest number of elevated childhood BLLs in the state. Due to significant funding cuts, many health departments are limited in their ability to screen effectively for lead exposure and monitor aggregate screening rates in their communities.

Researchers for this project perform BLL screenings and provide lead prevention and evidence-based interventions for children and families in high risk zip codes in the Toledo area identified by the Ohio Department of Health. The objective of the project is to screen children 7-17 years old, many who have never been screened, or had elevated BLLs as a young child without follow-up.

This pilot study describes school based projects at two urban elementary schools in high risk locations. Results found 52% of children tested with a BLL at or above 5 mcg/dl in one school and 30% of children tested at or above in the other school. Additionally data, including BLLs, nutritional habits, school behavior and academic performance of youth are analyzed for any correlation between BLLs and these variables.

Goals of the project include the initiation of healthcare lead screening policies for school entry and mitigation of negative behavioral consequences of lead poisoning in this at-risk population.
F4: A Responsive Constructivist Evaluation Model

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This evaluation model is built on responsive constructivist developed after years of experience and research. This open and contextual model creates new pathways for improving health care. It began with fourth generation evaluation (Guba & Lincoln, 1989) methodology that utilizes measurement, description and judgment and allows for value-pluralism.

This approach is responsive to all stakeholders and has a different way of focusing. Patients, families and direct care providers are frequently the stakeholders most forgotten and need to have a forum where their voice is heard. Social media has provided a flexible and time efficient way this can be accomplished. An ethnographical approach is added to the model which moves culture to the forefront.

The Bronfenbrenner (1979) human ecology model is utilized to organize the data prior to analysis and interpretation. It is an excellent guide as it takes into consideration the impact that systems have on each other, explaining why some changes will work in one environment but not in another. Different interface points need to be reviewed to assess the continuum of care for major patient populations, and then by utilizing the “lean” approaches reveal pathways to enhance work processes. This approach gives us a new lens to study all encounters at the point of care identifying the diverse factors that influence not only how various users of the health care system act and why but also what influences how different care givers act and why. From this evaluation, we gain insight to improve the encounter.
Session G: Coaching and Mentoring Students
(Attendees will gain a greater understanding of programs and models to enhance student learning)

G1: Mentoring as it Relates to Persistence in Associate Degree Nursing Students

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Students who are preparing to become registered nurses are more likely to attend community colleges due to the unequal distribution of financial resources to educational systems that have evolved from the impact of globalization. The purpose of this descriptive study was to increase the understanding of mentoring as it relates to the perceived ability to persist among nontraditional students enrolled in associate degree nursing programs at community colleges. This investigation presented a discussion of how student involvement in a mentoring relationship and the domains of mentoring differed by associate degree nursing student characteristics. Additionally, the domains of mentoring and student involvement in a mentoring relationship were explored with the associate degree nursing students’ perceived ability to persist. Differences were found when describing the student characteristics of gender, enrollment status and nursing course failure for student involvement with a mentor. A significant relationship was found between psychological/emotional support and the existence of a role model. Researchers in nursing education have the opportunity to build a consistent definition of mentoring and a conceptual framework for traditional and nontraditional students enrolled in two- and four-year institutions through the continued exploration of mentoring and how mentoring relates to the perceived ability to persist. The investigation of mentoring as it relates to persistence in associate degree nursing students has contributed to the evidence base to support mentoring of nursing students. The more evidenced based strategies used to enhance nursing education, the better the outcomes will be to improve the preparation nurses receive.
Peer mentoring in higher education is an excellent learning opportunity for mentors and mentees. In the literature, the common meaning of a peer mentor refers to a more experienced individual who assists a less experienced individual. In the context of nursing education, a peer mentor is a third or fourth-year nursing student, who offers assistance and support to other nursing students with theory and/or skills. Research conducted using peer mentors to enhance nursing skills in health assessment showed significant benefit. Could this same benefit be seen in an experiential learning environment where students and mentors are expected to think on their feet not in their seats?

This presentation will introduce a peer mentorship model used in an experiential learning setting. In this model, fourth-year nursing students mentor first and second-year nursing students in real-time evolving simulated scenarios. Simulation is a pedagogy which is used to promote, improve, and/or validate a participant’s progression from novice to expert. When working with students and mentors, this learning and progression not only occurs for the students in the scenario but also for the peer mentors. This session will delve into the benefits for the learner, peer mentor, faculty and nursing profession. Characteristics of the peer mentoring process such as shared learning, shared caring, reciprocity, commitment to each other’s personal and professional growth are discussed. Challenges to implementing this mentorship approach including training, leveling and learning curves will also be discussed in relation to learning in the simulated setting.
G3: Students Coaching Students: The STARS Program

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The Collaborative BScN Program at Western University (WU) concluded its curriculum renewal process with the introduction of new first year courses in fall of 2012-2013. Professional practice now occurs in the laboratory, where students learn assessment skills and competencies and apply that learning in simulations. Consequently, it became imperative to do things differently in our labs; we hired Standardized Patients and recruited upper year students as coaches, supports, and role players who became known as STARS (Student Assistants, Resources, & Supports). At the same time, WU piloted a Co-curricular record (WCCR) to acknowledge the non-credit experiences in which our students are engaged and the STARS program is now an approved volunteer experience. This year, 26 and 29 STARS were recruited for fall and winter terms respectively. Feedback received from STARS was overwhelmingly positive and reinforced achievement of program and individual goals via reflections such as “This experience reinforced my own knowledge, skills, and abilities through review of each week’s assessments”; “I explored [1st year] student’s rationale for doing something the way they did rather than just correct them. I think that helped them better learn why we do things, not just how to do them.” Feedback from the first year students also demonstrated the benefits of this program as they felt comfortable having a student provide feedback as it reinforced in their minds relevant principles to apply to different situations. Ladyshewsky (2006) described attributes common to peer coaches (PC) in various models and the following are ones consistent with our program: able to develop ability to actively listen, provide supportive and constructive feedback and be excited to learn. The presentation will describe the program in more detail.
G4: Every Picture Tells a Story: Critiquing a Professional Nursing Relationship in Barrett’s Painting of Florence Nightingale at Scutari

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Historians describe the strong, professional relationship that developed on the Crimean battlefield between Florence Nightingale and Sr. Mary Clare Moore of the Roman Catholic, Irish Sisters of Mercy. The women worked together in Scutari and led nurses in providing care to sick and wounded soldiers. Two paintings by the Victorian artist, Jerry Barrett, lend further insight into this relationship. In Barrett’s initial, oil study (1856), Moore is missing from the group composition surrounding Nightingale; however, in the final, painting, The Mission of Mercy: Florence Nightingale Receiving the Wounded at Scutari (1857), Moore is placed in a prominent location to the right of Nightingale. The aim of the study was to critique the compositions of the oil study and final painting through historical research methods. Evidence was sought to explore these artistic portrayals through references to the paintings in historical documents.

Post-colonial feminist analysis revealed that the relationship developed during the Victorian era when such relationships were challenged by multitudes of gender, social, economic, class, ethnic, and religious boundaries. A very positive relationship for leadership evolved, despite negative dynamics, due to the shared mission of relieving the suffering of soldiers. This relationship was captured by the inclusion of Moore in the final Barrett painting of Nightingale at Scutari. The Nightingale-Moore relationship continued for many years to influence a model of early nursing education, leadership, and professionalism that continues in its legacy today.
Poster Presentation Abstracts

H1: Utilization of Complementary and Alternative Medicine by Nurses in Nepal

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Nepal, much like many other developing nations has a rate of use of Complementary and Alternative Medicine. In fact, almost 70% of the population uses Complementary and Alternative Medicine as their predominant form of medicine. Despite the large percentage of CAM use in this population, there is little research on the area. Because of this, the Nepal Health Research Council has made it a priority topic. The World Health Organization has also stated a need for further CAM research. This paper aims to describe the use of Complementary and Alternative Medicine by nurses in Nepal. This population has never previously been studied before despite their amount of contact patients and their potential to influence these patients’ choices. In this study, it was found that many nurses use Complementary and Alternative Medicine in conjunction with modern medicine. Almost half of the nurses surveyed do not disclose this use to their provider due to feeling it is unnecessary to do so.

H2: Use of Complementary and Alternative Medicine in the United States, Indonesia and Nepal

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From 2000-2010, the Asian population grew the most in America, increasing by 43%. It is important for health care workers to be able to provide culturally sensitive care to individuals of different ethnic backgrounds, such as Asians, who may be either Hindu or Buddhist. Many times, these individuals are more comfortable utilizing Complementary and Alternative Medicine (CAM) for treatment before exploring Western treatment. CAM will be described in detail within the body of this poster. The differences in not only health care systems between Indonesia, Nepal, and the United States, but also CAM usage among the three countries will be discussed. Advantages and disadvantages in relation to CAM usage will be addressed as well as implications for nurses who are looking to widen their scope of practice.
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Mental health care in America is in crisis. Mental illness and substance abuse cause more disability than any other chronic illness and are prevalent among one in four Americans (Hanrahan, Delaney & Stuart, 2012). One understudied mental health intervention used by Psychiatric Mental Health Nurse Practitioners is existential psychotherapy (EP). EP has as its goal the genuine life, which is designated with the term authenticity (Jacobsen, 2007). An authentic life is one that involves an awareness of the basic conditions, or existentials, of human life; it is a life in which the person chooses to look the existentials squarely in the eye and live with them constructively rather than creating a fantasy life in which those conditions do not exist (Jacobsen, 2007).

The purpose of this study is to develop an instrument to measure EA in adults. The instrument will utilize the four existentials as defined by Irvin Yalom (1980). The aim is to develop an operational definition of EA in the form of an index using Yalom’s four existentials (death, isolation, freedom and meaninglessness) as the latent variables for the four subscales that comprise the index.

Multiple mental health conditions can be directly related to existential issues, including anxiety, depression and post-traumatic stress disorder. Use of this instrument in future studies can contribute significantly to our understanding of these conditions as well as allow for examining the efficacy of existential psychotherapeutic interventions that have been proposed to ameliorate them.
H4: Distress Tool Screening Use Before and After a Breast Cancer Multi-Specialty Team Clinic Appointment: Lessons Learned

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**Background:** The diagnosis and treatment of breast cancer causes levels of distress that vary from minimal to severe and have the potential to interfere with treatment. Distress, like pain, should be promptly recognized and managed.

**Objective:** To evaluate the impact of distress tool screening use with breast cancer patients both before and after attending a breast cancer multi-specialty team (MST) clinic appointment.

**Approach:** The National Comprehensive Cancer Network Distress Tool was identified as our distress screening method. A retrospective and observational study was conducted using data from the first eighteen months (January 2011 - June 2012) of pre and post visit distress screening tool use at our facility.

**Methods:** A distress tool was given to patients upon arrival to the breast cancer MST clinic. Patients were asked to rate their distress on a scale of 0–10. They were also asked to inventory themselves in the areas of practical, family, emotional, spiritual, and physical problems.

**Results:** 271 patients completed a distress tool prior to their appointment and 267 patients completed a tool at the conclusion of their appointment. Patients were found to have a 26% overall average drop in their distress, from the beginning of their appointment to the end of their appointment.

**Discussion:** The identification of top patient problems can lead to more specific and focused interventions and serves to inform clinical practice.

**Conclusion:** Distress tool screening serves as a valuable resource to help reduce distress for breast cancer patients attending a breast cancer MST clinic appointment.
H5: Pros and Cons of Offering Home-Based Journaling to Women Undergoing Breast Cancer Treatment

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Purpose: Annually 300,000 women with breast cancer (BrCa) undergo treatments that negatively affect quality-of-life. The purpose of this study is to evaluate quality-of-life differences among BrCa patients using home-based journaling, based on stage and age.

Method: Female BrCa patients, stages 0-4, undergoing chemotherapy and/or radiation at a Midwest outpatient cancer center were asked to participate. After informed consent, subjects completed demographics and a 43-item Functional Assessment Cancer Therapy – Breast Cancer (FACT-B). Women were provided an affirmation book, custom journal, and instructed to journal for 20-minutes on 4 days within a 7-day period. During each session, participants read an affirmation of choice and wrote on a topic of choice. Subjects received phone call reminders to return the FACT-B and Journaling Experience Survey at one and three months. T-tests and one-way ANOVAs were used to compare FACT-B scores across demographics at baseline. Repeated measures ANOVA were used to examine scores across time.

Results: Currently 33 subjects, ages 31-72 years (mean 51.8) and stages 0-4, have completed baseline measurements. Sixteen received chemotherapy, 14 radiation and three combination. Preliminary analysis shows FACT-B scores were greater among women working full-time than those not working full-time (mean 107.88, sd 16.41 vs. mean 91.22, sd 25.75, p=0.033). No other significant differences were found. No differences in FACT-B scores were seen across time. With continued recruitment we anticipate complete data by April.

Conclusions: Home-based journaling may be beneficial regardless of stage of BrCa and age of subject, and may be more helpful to women employed full-time.
Fatigue is a common symptom experienced by cancer patients. Not only does fatigue occur in relation to the cancer itself; but also its treatment. Breast cancer is the most frequently diagnosed cancer in women with more than 230,000 new cases annually. Disease management often requires radiation and chemotherapy, which further contribute to fatigue. When conducting research studies on women with breast cancer, researchers need to select the appropriate tools to assess fatigue and quality of life. The use of well-established tools with validity and reliability will aid in understanding and interpreting data. The FACT-B (Version 4) and the FACIT-F (Version 4) are two specific instruments often used in breast cancer research studies. The FACT-B V4 (Functional Assessment of Cancer Therapy-Breast Cancer) is a 37-item, Likert scale questionnaire that consists of specific domains, including emotional well-being, functional well-being, physical well being, social/family well-being, and additional concerns. This survey is specifically intended for the breast cancer population. The FACIT-F V4 (Functional Assessment of Chronic Illness Therapy-Fatigue Scale) is a 13-item, Likert scale questionnaire specific to fatigue. Both of these surveys are translated into many different languages. The purpose of this poster presentation is to compare and contrast use of the FACT-B and FACIT-F in two specific nursing research studies of women with breast cancer. Obtaining quality data will aid in determining interventions best suited to assist women with breast cancer in managing fatigue and improving quality of life.
H7: A Comparison of Information Items Between Paper and Electronic Kardex

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**Purpose:** The Kardex is a primary tool utilized by hospital staff to communicate pertinent patient-specific information, physician orders, and patient significant events. As part of implementing Computerized Provider Order Entry (CPOE), a work group created an electronic Kardex which was auto-populated by key patient information from the electronic medical record. The focus of this study was to describe the information content of the Kardex, compare the number of information items between the paper and electronic Kardex, and to describe the unintended consequences of both.

**Materials and Methods:** Three patients from every unit of three health system hospitals where CPOE was implemented were randomly selected and copies of patient Kardexes, profiles and associated orders were collected at time periods of 0, 2 and 4 hours. The information items on the Kardexes were coded to reflect if the item was unchanged, modified, added, or disappeared over time. Kardex information was compared with patient profile information and orders written during the 4-hour period.

**Results:** From 630 Kardexes (216 paper, 414 electronic), the total number and percentage of information items per heading in the electronic Kardex were significantly greater (p < 0.001). Though information discrepancies and untimeliness were reduced, the electronic Kardex compared to the paper Kardex contained significantly more duplicated and conflicting items.

**Conclusion:** An electronic Kardex is one way information can be available that reflects patient care order changes in their entirety and without delay. Yet, there continue to be unintended consequences. Evaluation of benefits and drawbacks are important areas of inquiry.
H8: Using Shared Leadership, Innovation, and Research to Design, Build, and Improve an Electronic Kardex

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The Kardex is a primary tool utilized by bedside staff nurses to facilitate nursing communication of patient-specific information, events, and provider orders. A staff nurse shared leadership workgroup envisioned that key patient information would auto-populate an electronic Kardex in real time and be utilized for information exchange between nursing staff. Over several months, staff nurses met with information technology analysts to outline their vision for use and design an in-house built electronic Kardex. Investigators designed a descriptive, comparison study to help measure adoption and identify opportunities for improvement. Survey participants were inpatient nursing staff members who provide direct patient care. Convenience samples of 514 surveys (pre-implementation) and 394 surveys (post-implementation) were collected. Comparisons of pre- to post- responses among the overall sample showed statistically significant increases in positive perceptions of the Kardex. In comparison to the paper Kardex, staff perceived the electronic Kardex to be more useful, reliable, readable, legible, accessible and accurate. Additionally, staff reported a statistically significant increase in feeling informed about patients, and nursing and interdisciplinary team members being informed about patients. The survey results identified opportunities for the shared leadership informatics council to work directly with specific service line areas to further optimize the electronic Kardex. The survey also helped to identify unexpected obstacles outside of the Kardex, such as computer slowness and difficulties with ease of use. These findings were acted upon by information systems experts with resulting improvements. The transition from paper to electronic Kardex was significantly optimized through shared leadership, innovation, and research.
H9: Adapting Discharge Instructions and Measuring Comprehension Among Bariatric Patients Based on Preferred Learning Style

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Today’s advances in technology, invasive surgeries, and shorter hospital stays, present a challenge to patients who are often discharged home still needing a variety of treatments. When nurses administer discharge teaching, they want the patient to comprehend and retain all information. Our research team wondered what teaching strategies would be most effective for patients to comprehend and retain information for care at home. The purpose of this post-test only experiment was to compare bariatric patients’ comprehension of postoperative discharge instructions delivered with and without consideration of the patients’ preferred learning style. Knowles’ Adult Learning process change theory—used as a conceptual framework for the study—states that adult learning is a self-directed inquiry engaged in creating change. This study took place on the postoperative bariatric unit of a large Magnet®-designated hospital in Western Michigan with 74 postoperative bariatric patients. Both male and female bariatric patients were randomly assigned to a control or interventional group for discharge planning. All study participants completed the VARK instrument which assesses preferred learning style and took a post-test to assess their knowledge before discharge. Remediation for any missed questions was provided to all participants. Data was analyzed using descriptive statistics and inferential statistics, with a level of significance of p < 0.05. No significant differences were found in participants’ positive test scores, perceptions of preparedness for discharge, perceived valubleness of the discharge instruction, and lack of 30-day readmission or emergency visits. Valuable insights were gained about the timing and consistency of discharge instruction.
H10: Using a Teach-Back Method to Enhance the Importance of Heart Failure Education

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Heart failure (HF) is a significant health ailment worldwide and over 400,000 Americans are diagnosed annually. Proper education for persons diagnosed with heart failure is crucial in not only preventing exacerbation of the symptoms, but in promoting patient independence in managing their health. Currently, patient education provided at a large hospital in northwest Ohio is limited and usually done only at discharge. The objective of this project is to implement the teach-back method for patients with HF on an 18-bed cardiac intermediate unit. The teach-back method provides patients more time to acquire knowledge and skills to properly manage their HF diagnosis by learning a little bit of information each day. Furthermore, the sooner HF education is implemented, such as the day of admission, the more time the patient and family will have to ask questions. The teach-back method will allow patients to state back to the health care provider how they are going to manage their health. If any concerns arise, the health care provider can provide support and additional education. Upon discharge, the goal is for the patient to have a general understanding of what HF is in addition to knowing all of their heart medications, diet management, signs and symptoms of heart failure, and activity goals. Patients who received the teach-back method of education will be asked a series of questions at discharge to evaluate the effectiveness of this educational method. Final results of this study will be presented at the conference.
H11: Effectiveness of Deep Vein Thrombosis Education in Women During Pregnancy

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Annually, Deep Vein Thrombosis (DVT) and its potential sequelae of Pulmonary Embolism (PE) together account for $1.5 billion dollars of the United States healthcare costs. DVT and PE share similar risk factors including those of obesity, immobility, smoking, trauma, cancer, pregnancy, cesarean section, and oral contraceptive use. During pregnancy there is an increased risk for the development of DVT and PE due to many changes that arise in the coagulation system as a result of hypercoagulability, venous stasis, increased risk of trauma, and endothelial damage to the pelvic veins. For every 100,000 deliveries there is an estimated 1.1 to 1.5 mortality rate. Thus, it is essential that pregnant women understand the risk factors and preventative measures. The purpose of this study is to provide education to groups of women during their pregnancy about the evident risk of DVT. Educational classes with interactive elements will be used to facilitate the learning process. Pre- and Post-testing will determine the effectiveness of the education. Final results of this study will be available at the time of the Region 10 Conference.
Effective Ventilation Maneuvers for Obese Patients Undergoing Bariatric Surgery

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Background. Morbidly obese patients undergoing bariatric surgeries present mechanical ventilation-related challenges that may lead to perioperative complications. Pneumoperitoneum associated with laparoscopic bariatric surgeries further complicates the ventilation efforts. Evidence based practice guidelines help to establish effective ventilation strategies and improve patient outcome in the specified patient population.

Methods. The author conducted literature search for clinical research and systematic reviews on ventilation strategies for obese patients undergoing bariatric surgery. One systematic review and meta-analysis, four randomized control trials and one quasi-experimental study of obese patients undergoing general anesthesia were selected with the focus on the quality of the research, the specificity to bariatric surgery and the ability to generate new information. Guidelines were then developed based on the gathered and graded evidence.

Results. The author presented four evidence-based guidelines regarding effective ventilation maneuvers for obese patients undergoing bariatric surgeries. The most effective ventilation strategy for obese patients undergoing bariatric surgery is recruitment maneuver. The maneuver is supported and maintained with PEEP. Preemptive fluid bolus administration can prevent or offset the potential hypotensive effect of the maneuvers. In assessing the effectiveness of the recruitment maneuver and the optimal level of PEEP, SIII can be used in addition to SpO2 and PaO2.

Conclusion. The author concludes that sufficient evidence supports recruitment maneuver followed by PEEP as an effective ventilation strategy for the patient population identified. Additional research is needed regarding the optimal dose of preemptive fluid bolus and the reliability of SIII compared with SpO2 and PaO2.
The aorta is an essential component of the vascular system supplying oxygenated blood to the head and extremities; any problem can be potentially life threatening. More than 1.5 million Americans have an undiagnosed Abdominal Aortic Aneurysm (AAA) and approximately 15,000 die annually from complications. AAAs are classified by their location in proximity to the renal arteries. Treatment consists of surgical repair; either by a conventional open approach or an endovascular repair (EVAR). Indications for type of operative repair are based on results of large scale randomized clinical trials and specifically the size, shape, location, and growth rate of the aneurysm. In addition, the patient’s age, medical history and comorbid conditions are considered. The purpose of this study is to compare and contrast these two different approaches to treatment of an AAA. Surgical variables including, anesthesia time, operative/procedure time, aorta cross clamp time, specific anesthetic agents, fluid and blood requirements, and medications will be reviewed. Complications, such as spinal paralysis, and post-op nursing care will be discussed. Perioperative nurses should have a thorough understanding of both of these approaches so that nursing care can favorably impact patient outcomes. The final results of this project will be presented at the Region 10 conference.
Peripheral arterial disease (PAD) affects 8-12 million Americans annually. By 2050, PAD is estimated to affect 9.6-16 million Americans over age 65. PAD develops when the arteries supplying blood to the extremities become narrowed, largely due to atherosclerosis. Typically PAD refers to diseases of the arteries in the legs which are plagued by fatty deposits that progress and result in varying degrees of stenosis. With decreased blood flow to the leg muscles, individuals with PAD experience a cramp or ache which causes them to stop and rest. As PAD advances, infections and ulcers may develop. Additionally, individuals with PAD are more likely to experience a myocardial infarction, stroke, amputation or even death. Risk factors include: diabetes, smoking, hypertension, elevated lipids and obesity. Hispanics represent 12.5% of the population of the United States; with expectations of continued future growth. There is little data specific to PAD within the Hispanic population. Several Hispanic communities exist within Northwest Ohio. The purpose of this study is to conduct a screening for PAD within a community of Hispanic individuals and to provide education about PAD, risk factors, and disease prevention. Approximately 20-30 Hispanic males and females at least 50 years of age will be invited to participate in the screening. Participants will complete a demographic questionnaire and risk factor assessment. PAD will be detected calculating the Ankle-Brachial Index (ABI). ABI results and implications will be shared with participants by Spanish speaking nursing students and faculty.

Many aspects of this study have been completed and community center support has been obtained. Screenings will occur in March; results will be analyzed and complete for a poster at the time of the Region 10 Conference.
H15: Exploring Arteriovenous Fistula Knowledge Among Registered Nurses

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Chronic Kidney Disease (CKD) is an increasingly prevalent health issue affecting over 26 million American adults. With widespread kidney donor shortages, most CKD patients rely on dialysis to sustain life once kidney function has ceased. With hemodialysis, an arteriovenous fistula (AVF) is generally preferred as the best option for dialysis access. Approximately 365,566 American adults require hemodialysis. As this number substantially increases, nurses working on non-nephrology units are relied upon to manage symptoms, coordinate testing, and implement interventions associated with CKD while simultaneously treating acute conditions. Therefore, it is vital that all nurses fully understand the complexity and uniqueness of the hemodialysis patient. The purpose of this study is to explore baseline knowledge and provide awareness to nurses in caring for patients with AVF across various healthcare settings. The sample will consist of nurses enrolled in an online RN to BSN program at a large metropolitan university. Demographic data including years as a registered nurse, specialties practiced, and employment status will be obtained. A questionnaire, distributed electronically, will assess baseline knowledge related to AVF care and assessments essential for non-nephrology nurses. Additionally, participants will review an educational module and have the opportunity to provide feedback by completing an evaluation. Correlations between demographic variables and questionnaire results will be analyzed. Final results of the study will be available at the Region 10 conference.
H16: Decreasing Child and Parental Anxiety in the Perioperative Period: Guidelines

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A plethora of literature exists recognizing the positive patient outcomes associated with decreased child and parental anxiety during the perioperative period, but few strategies are being utilized by facilities that provide surgery for this population of patients. The purpose of this evidenced-based guideline creation is to explore what strategies are most efficacious in reducing perioperative child and parental anxiety as well how to institute best practice guidelines into the pediatric surgical setting. Four comprehensive evidence-based recommendations resulting in optimal patient outcomes for the pediatric surgical patient and their families are included as well as the role of the nursing staff (and their nurse leaders) in the preoperative, intraoperative, anesthesia, and post-recovery settings.
Paget Schroetter Syndrome (PSS) is an axillary-subclavian vein thrombosis associated with repetitive motion of the upper extremities. The mechanism of injury causes strain and micro-trauma on the subclavian vein and surrounding structures activating the coagulation cascade. Early recognition and aggressive management are essential in improving outcomes. Anatomical abnormalities, such as narrowing of the costoclavicular space, can increase the risk for PSS. The majority of individuals report one specific event immediately prior to symptom onset. If PSS is not diagnosed the incidence of complications dramatically increases and often leads to a pulmonary embolism.

The competitive nature of sports is ever increasing. Currently, there are more than 193,000 women participating in college athletics. Reports indicate that more than 5.3 million females between the ages of 15-24 use oral contraceptives. Oral contraceptive users are 2-6 times more likely to experience a thrombotic event due to a hypercoaguable state. Furthermore, the anatomy of the female shoulder is naturally narrower and more petite than in males.

Thus there is a potential increased risk of PSS in collegiate athletes; especially those participating in softball, gymnastics and swimming which require vigorous and sustained upper extremity movements. The purpose of this project is to provide an educational forum on PSS to both nurses and athletic trainers to increase awareness of PSS as a potentially growing problem in female collegiate athletes. Specifics related to the educational forum will be available at the time of the Region 10 conference.
**H18: Interventions for Weight Loss: An Interprofessional Approach**

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Dr. Melissa Snyder, (AT)  
Dr. Beth Patton, (ES);  
Ms. Denise Reed, (DIET)  
*Family Health Department, Ashland University*

The disciplines of Nursing, Athletic Training, Dietetics, and Exercise Science will conduct a study of nursing faculty who desire to lose a minimum of 25 pounds. The study will be an 18 month longitudinal study using web-based tracking tools, interprofessional disciplinary coaching, and individualized diet and exercise plans for weight loss.

The poster presentation will include preliminary data from the study to illustrate progress at 90 days as well as feedback from participants and students about the coaching interventions. In addition, the project will introduce students to teamwork, active learning of the research process and will instill a sense of professionalism as a member of the healthcare team.

The Prochaska Transtheoretical Model of Change will be the conceptual framework to guide the process of assisting subjects with planning, taking action, and ultimately maintaining health. Measurable outcomes and subjects’ experiences will be measured to examine the effectiveness of interventions by an interprofessional team of faculty and students.

Parametric data will be taken at baseline, weekly, monthly, and at the end of the study. Such parametric measurements will include the following: height, weight, blood pressure, resting heart rate, exercise heart rate, body mass index, percent body fat, flexibility, circumference measurements, strength, endurance, caloric intake, psychological aspects, and injury evaluations (if applicable). In addition, blood cholesterol and blood sugar readings will be taken by a Nurse Practitioner at the set checkpoints.

This presentation will include preliminary data to illustrate progress at 90 days and feedback from participants about the coaching interventions.